

FEB 10 2009

PART B - FEE(S) TRANSMITTAL

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27367 7590 11/10/2008
WESTMAN CHAMPLIN & KELLY, P.A.
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900 SECOND AVENUE SOUTH
MINNEAPOLIS, MN 55402-3244
02/11/2009 INTEFSW 00000700 10506521

01 FC:1501 1510.00 OP
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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/506,521	03/14/2005	Alexandre Rouxel	W51.12-0016	3090

TITLE OF INVENTION: METHOD FOR PROCESSING A SIGNAL USING AN APPROXIMATE MAP ALGORITHM AND CORRESPONDING USES

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1510	\$300	\$0	\$1810	02/10/2009
EXAMINER	ART UNIT	CLASS-SUBCLASS				
ALPHONSE, FRITZ	2112	714-794000				

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).
 Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list
(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.
3. Westman, Champlin & Kelly, P.A.
3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

(A) NAME OF ASSIGNEE

Wavecom

Issy-les-moulineaux, France

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are submitted:

- Issue Fee
 Publication Fee (No small entity discount permitted)
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 The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number _____ (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

- b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

David D. BrushDate 2/10/2009Typed or printed name David D. BrushRegistration No. 34,557

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